

Unitarian Universalist Congregation of Salem

**FUND RAISING EVENT REQUEST**

*This form must be completed and approved **before** your event is announced.*

Entity making request \_\_\_\_\_

Purpose of Fundraiser \_\_\_\_\_

Proposed Date \_\_\_\_\_ Have you checked the UUCS calendar for availability? Yes No

Method for Fundraiser (i.e., sale, raffle, etc) \_\_\_\_\_

How and to whom the fundraiser will be promoted \_\_\_\_\_

Individual(s) responsible for funds raised, receipts, deposits, and how money will be disbursed:

Funds to be deposited into UUCS account (number or name): \_\_\_\_\_

UUCS facilities and/or equipment needed:  Which room?  Tables and chairs?  
 Set-up & Clean-up needs?  Other needs?

How are you going to staff event? \_\_\_\_\_

What considerations are you giving to those who are economically challenged?

Primary Contact Person: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

OFFICE USE ONLY

Received by and date:	Fundraising Committee Approval Date:
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Entered on UUCS Calendar:
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